

**WRITTEN TESTIMONY OF**  
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**BEFORE THE**  
**COMMITTEE ON INTERNATIONAL RELATIONS**  
**U.S. HOUSE OF REPRESENTATIVES**

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Mr. Chairman, Mr. Lantos, and Members of the Committee:

Thank you for this opportunity to discuss President Bush's Emergency Plan for AIDS Relief. As the International Relations Committee has long recognized, global HIV/AIDS is one of the most daunting challenges the world faces – or, indeed, has ever faced.

In my view, what the world has most needed in dealing with HIV/AIDS is hope. For there to be hope, it is essential to be able to point to real progress.

It will be a long journey for us to bring hope under the tragic circumstances of HIV/AIDS. That journey is now, however, well under way.

It began just over two years ago, when the President proposed the largest financial commitment any nation has ever made to an international health initiative dedicated to a single disease. The Emergency Plan is a five-year, \$15 billion dollar commitment -- our nation's promise to provide bold leadership and action to a world that faces a desperate emergency.

In the time since funds were first appropriated in January 2004, the Emergency Plan has worked throughout the world, with a special focus on 15 severely burdened nations, including 12 in sub-Saharan Africa, two in the Caribbean, and one in Asia. We believe that dramatic success in these nations, many of them among the world's poorest, will enable us to demonstrate to the entire world what intensive leadership and commitment of resources can do in this fight.

I am pleased to report that the U.S. has begun to do what we must to bring hope to the hopeless: we are getting results. As our recent Annual Report to Congress makes clear, the Emergency Plan is on track to meet the ambitious five-year prevention, care, and treatment goals the President set for it.

Let me give an example of these results in the area of treatment. To put them in perspective, in December 2002, one month before President Bush announced the Emergency Plan, an estimated 50,000 people were receiving antiretroviral therapy in all of sub-Saharan Africa.

In its first eight months, the Emergency Plan worked under national strategies in the 15 focus countries to support treatment for nearly 155,000 HIV-infected adults and children.

And that data is as of September 30<sup>th</sup>. The number is now certainly much higher, as we have continued to scale up treatment programs.

Prevention is another area in which it is essential for us to work in support of national strategies. Our approach must be based very specifically on what works for the culture and circumstances of each place we are working, with the individuals and groups we are targeting. Our prevention strategies are informed by the remarkable experience of Uganda, and implementation is being developed in consultation with the people and governments of our host nations.

I'm pleased to report that the Emergency Plan reached over 120 million people with targeted prevention messages through media and community-based interventions during the program's initial eight months. One example of targeted outreach is the Emergency Plan's initiative to reach out to men and boys, helping them keep themselves and their loved ones safe from HIV. In South Africa, a U.S.-supported workshop offered lifesaving prevention information, getting men involved in fighting HIV/AIDS.

Another key prevention strategy involves preventing transmission of HIV from mothers to children. Last year, we were able to reach 1.2 million women with services to prevent that tragedy. Once again, that number is as of six months ago, so the figure is much higher today. In Guyana, for example, Emergency Plan support helped a clinic reach more than 25 percent of all pregnant women in the nation, offering testing and, as needed, antiretroviral prophylaxis.

In addition, we are pursuing other prevention strategies, described at length in the Report to Congress.

We also remain committed to care. We have scaled up our programs under national strategies for orphans and vulnerable children, and for palliative care for those HIV-positive people who need it.

In the early months of implementation, the U.S. supported care for more than 1.7 million people infected and affected by HIV/AIDS, including over 630,000 orphans and vulnerable children. Speak for the Child, a community-based program in Kenya, offers an example of the activity the U.S. is supporting for children. The program focuses on young children, who are especially vulnerable to disease, malnutrition, and psychosocial harm when their families are affected by AIDS. With dramatically increased support thanks to the Emergency Plan, Speak for the Child was able to expand from serving 400 children in March 2004 to 3,300 by the end of September.

When people see that those who are infected with HIV, or who lose parents to AIDS, are well cared for, that too brings hope. There's so much more to do, but it is a promising start

As we look forward, one of the biggest challenges we face, along with other donors, is the need to sharply increase the rate of counseling and testing. I believe that the paradigm of "provider-initiated testing," in which testing is increasingly integrated into the health care system, is very promising. In the Emergency Plan's early months, we supported counseling and testing for nearly 1.8 million people in the focus countries. Once again, those are numbers we plan to drive much higher in the coming years.

So the U.S. has not just taken a single step, but has made great strides in fulfilling our commitment. Based on our results to date, I believe we are on track to meet the President's goals, and to save a steadily increasing number of lives.

I am deeply grateful to this Committee, and to Congress as a whole, for the support we have received for the first two years of the Emergency Plan. In Fiscal Year 2004, our funding level was nearly \$2.4 billion, and it rose to \$2.8 billion for the current fiscal year. The President's request for nearly \$3.2 billion in 2006, therefore, represents the third year of steadily increasing funding toward the President's commitment of \$15 billion in five years.

From the outset, the President intended that funding for this initiative be increased over time. This approach is consistent with sound public health practice. His Fiscal Year 2006 request for nearly \$3.2 billion is what is needed for us to keep the Emergency Plan on track to fulfill our commitment of \$15 billion over 5 years, and to reach our goals of preventing 7 million new infections, supporting treatment for 2 million people, and caring for 10 million people, including orphans and vulnerable children.

We support programs in many nations where the capacity to deliver health care is severely limited by a history of poverty and neglect. At the risk of stating the obvious, our ability to put resources to work in a nation is constrained by its health care infrastructure and supply of trained health workers.

This is why we have invested so much effort in expanding that capacity in nations hard-hit by HIV/AIDS. The initial success we have been able to achieve gives us confidence that we can put steadily increasing resources to effective use.

Of course, our capacity-building work is not primarily about making it possible for the United States to do more in the future. Rather, the Emergency Plan is building local and host-nation capacity so that national programs can achieve results, monitor and evaluate their activities, and sustain their responses for the long term.

Without local capacity, nations cannot fully "own" the fight they must lead against HIV/AIDS. For that reason, a statistic I find most encouraging from the early months of

our work is this one: fully 80 percent of our more than 1,200 partners working on the ground were indigenous organizations including faith- and community-based partners.

In the early days of the Emergency Plan, we have made tremendous strides in helping host nations develop their capacity to respond. Our recent Report to Congress provides detailed information on these achievements, so I will only briefly summarize them here.

As you know, infrastructure is a major challenge. In the early days of the Emergency Plan, the U.S. has been able to promote the expansion of existing health care networks and the development of new public and private network systems to enhance the delivery of HIV/AIDS services in remote areas.

For those networks to be effective, they require trained personnel. Responding to the critical shortage of trained health workers at all levels, the Emergency Plan has supported training that covers a broad range of services, from prevention – including mother-to-child prevention -- to antiretroviral treatment, to palliative care, to counseling and testing, to orphan care. The American people, through the Emergency Plan, are helping people in our host nations develop the skills to meet their neighbors' needs.

The Emergency Plan has also fostered indigenous leadership in the fight against the HIV/AIDS pandemic. The U.S. has provided technical assistance for appropriate policy development, including policies protecting women and girls, and for strengthening local institutions and organizations, including organizations of persons living with HIV/AIDS.

Other components of local capacity on which we have focused include surveillance, reporting, evaluation, and strategic information. These tools allow us to maintain the accountability which is a cornerstone of the Emergency Plan, and to adjust our programming based on what works. Even more importantly, these tools allow host nations to monitor and adjust their national responses.

Our host nations have warmly welcomed our commitment to partnership with them, and our support for their national responses. At this early stage, U.S. support is still needed – in fact, it is indispensable. Our support is essential to allowing host nations that have recently been able to begin antiretroviral therapy on a broad scale to maintain and expand that work. We can help to ensure that the gains we have made are not allowed to slip away, but are built upon.

The Emergency Plan is also providing essential support to our international partners, working with them to build capacity. Under the “Three Ones” agreement, we are cooperating intensively with international donors in support of our host nations’ strategies. For example, we support the Global Fund to Fight AIDS, Tuberculosis, and Malaria in two ways: through our direct financial contributions, which continue to far exceed those of any other donor government, and through our efforts to build the capacity on which their programs often rely.

Ever-increasing accountability and transparency will continue to be areas of emphasis throughout 2005. From the beginning, Congress has shared the President's vision of the Emergency Plan as a new way of doing business, one focused on the bottom line – saving lives. We have made an unprecedented commitment to strategic information, monitoring and evaluation, and we have made substantial progress on that front, as described in the Report to Congress.

I am committed to ensuring that the partners we work with are in fact carrying out the policies set by Congress and the President. We are in the process of instituting an independent, programmatic audit to help us monitor partner activities, and that capability will be added to the Emergency Plan in 2005. I am also aware of the need for a user-friendly Emergency Plan website to offer Congress and the public access to information. Such a website is currently under development.

If I may step back and look at the big picture for a moment, the Emergency Plan is part of our nation's broad effort to offer leadership on international development. I think the Emergency Plan embodies the President's approach, emphasizing partnership with host nations, capacity building, and accountability. These are increasingly among the hallmarks of America's development strategy.

Results, of course, are the test of any strategy. In just eight months, the United States was able to put more people in the developing world on drug treatment than any other donor. That's a powerful fact. With Congress' support, the Emergency Plan will continue to provide that kind of strong, results-oriented leadership around the world.

Thanks to the commitment of the American people and Congress, along with the courageous people of our host nations, new hope is being born in places where it has been in short supply. This is something of which all Americans can be proud.

Mr. Chairman I ask that my full testimony be included in the record. I would be happy to address your questions.